



## RESEARCHUPDATE

BUTLER CENTER FOR RESEARCH NOVEMBER 2013

### Substance abuse, dependence, and mental health severity among Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals

#### Substance use, abuse, and dependence among LGBTQ

Over the past two decades, many studies have been conducted to examine patterns of substance use and abuse among LGBTQ individuals. Historically, these studies suggest that compared to heterosexuals, sexual minorities are more likely to use alcohol and illicit drugs as well as develop problems with these substances over time (Wilsnack et al, 2008; McCabe et al., 2009). Furthermore, a study by Marshal et al. (2009) suggests that these differences may emerge as early as adolescence and may become more pronounced through young adulthood. Their school-based longitudinal study of various health-related behaviors revealed that LGBTQ adolescents were more likely than heterosexual adolescents to report higher rates of alcohol and drug use, and their use increased more rapidly through young adulthood.

Green and Feinstein (2012) conducted a recent review of 13 studies comparing substance use and abuse among LGBTQ samples to strictly heterosexual samples. Overall, more recent studies suggest that compared to heterosexual women, lesbian and bisexual women are more likely to binge drink, drink more frequently, experience negative consequences from alcohol use, and seek professional help for alcohol problems (Cochran et al., 2004; Burgard et al., 2005). Gay men are more likely than heterosexual men to use marijuana and other illicit drugs and are more likely to develop dependence on these drugs (McCabe et al., 2005; 2009). In sum, findings from these studies indicate that lesbians and bisexual women are more prone to developing alcohol problems and/or dependence, whereas gay and bisexual men are more likely to use illicit drugs and experience problems related to illicit drug use.

Studies also indicate that being bisexual (as opposed to gay or lesbian) may place one at particularly elevated risk for problematic substance use, especially among women. Halkitis and Palamar (2008) examined initiation of use and patterns of use of a number of club drugs (cocaine, GHB, ketamine, ecstasy, and meth) among 450 gay and bisexual men and found that 79% had used one or more of these drugs in the past four months. McCabe et al. (2004) found that among a large sample of undergraduate women, compared to those who self-identified as heterosexual, those who identified as bisexual were significantly more likely to smoke cigarettes and use illicit drugs, particularly marijuana and ecstasy. Though the general pattern of alcohol use was similar for the two groups, bisexual women were much more likely to experience adverse consequences of alcohol use.

#### Factors that may underlie the development of problematic alcohol/drug use among LGBTQ

Studies have begun to examine the factors that may underlie the increased risk of substance use and abuse among LGBTQ. One of the most salient factors pertains to the shame and ostracism they often experience once they disclose their minority status (Beatty et al., 1999; Weber, 2008). It is well-documented that LGBTQ individuals are exposed to many forms of discrimination that place them at increased risk of suicide, mental illness, and verbal and physical abuse by family and peers (Grossman, 1997). In addition, attitudes of homophobia [defined as anxiety, discomfort and aversion that some people experience in relation to LGBTQ individuals and their sexual behavior (Davies, 1996) and heterosexism (defined as the belief that opposite-sex relationships are the only acceptable form of romantic love) can also contribute to physical and emotional stress. Weber (2008) examined the relationship between heterosexist events, internalized homophobia, and substance use among a large sample of lesbian, gay, and bisexual individuals. Lesbians and gay men reported experiencing more heterosexism than bisexuals, and gay men and bisexuals reported experiencing more internalized homophobia than lesbians. Furthermore, participants who met criteria for a substance use disorder

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Since 2011, Hazelden in Springbrook has been offering residential treatment to address the needs of LGBTQ clients. The development of the program was heavily influenced by the Substance Abuse and Mental Health Services Administration (SAMHSA) publication *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*, originally published in 2001. Programming consists of 2 weekly process groups facilitated by chemical dependency and mental health counselors trained in sexual health. Clients also attend an off-site LGBTQ-specific Twelve Step meeting on a weekly basis and receive individualized assessment and treatment planning focused on identifying potential barriers to recovery and healthy sexuality. A partnership with a local LGBTQ resource center links clients to service opportunities and community resources once they transition to longer term treatment. The treatment curriculum addresses coping with coming out, confusion around sexual orientation and gender identity, societal stigma and discrimination, HIV/AIDS, death and dying, same-sex relationship dynamics, homophobia and heterosexism, the fusion of drugs and sex, and healthy sexuality. The program's curriculum centers on a primary intervention that combines elements of cognitive-behavioral therapy, narrative therapy, and Twelve Step Facilitation. The programming seeks to help clients uncover and explore the complex interplay between the development of sexual identity and the progression of chemical dependency and mental illness. Hazelden in Springbrook is also unique in offering treatment programming specifically structured to address co-occurring mental illness and trauma. The program is considered to be "LGBTQ integrative" in its approach to addressing internalized homophobia and shame by creating an environment that supports healing in a predominantly heterosexual milieu; in this way, LGBTQ clients are given a new experience of acceptance and validation, one that seems imperative to successful recovery.

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(SUD) were significantly more likely to have experienced internalized homophobia and heterosexism than those without a SUD. Finally, another factor pertains to the fact that LGBTQ culture has grown out of bars and nightclubs that serve as private meeting spaces for these individuals. This association between the LGBTQ culture and settings where chemical use is prevalent may increase the risk of developing substance-related problems.

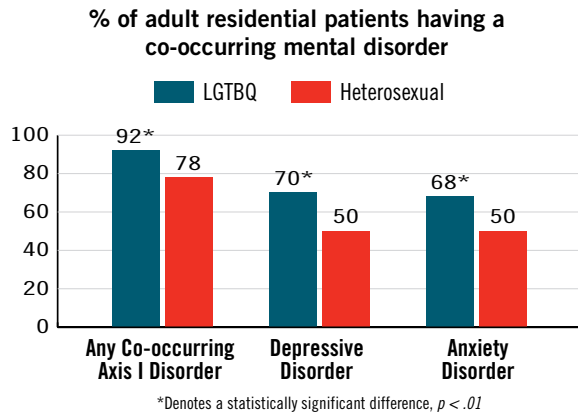
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## Substance abuse, dependence, and mental health severity among LGBTQ individuals



### Characteristics of LGBTQ individuals attending alcohol/drug treatment

Because few LGBTQ studies have examined treatment-attending samples, little is known about the extent to which LGBTQ patients differ from heterosexual patients in substance use and mental health severity. The Butler Center for Research (BCR) recently conducted statistical analyses on 2 samples of patients ( $n = 115$  LGBTQ; 38% female;  $n = 143$  heterosexual; 35% female) attending adult residential treatment at Hazelden. The graph below shows that LGBTQ patients were significantly more likely to have a co-occurring Axis I mental health diagnosis.



In addition, LGBTQ were significantly more likely to have suffered past sexual abuse (48% vs. 15%) and physical abuse (51% vs. 28%). Regarding substance use severity, LGBTQ patients reported significantly fewer drinking days in the 90 days before treatment admission than heterosexual patients ( $M = 37$  vs. 47 days). However, LGBTQ reported a significantly higher number of pretreatment amphetamine use days ( $M = 17$  days vs. 5 days) and cocaine

days (6 days vs. 1 day) and were significantly more likely to meet dependence criteria for alcohol and at least one other illicit drug (43% vs. 29%). Finally, LGBTQ individuals reported a significantly higher number of past detoxes and inpatient treatment episodes than heterosexuals. These data suggest that LGBTQ individuals are more likely to have a history of trauma and are more likely to suffer from a number of mental health issues. Collectively, these findings demonstrate a tremendous clinical need for services tailored to the needs of LGBTQ individuals, particularly in light of the fact that they are dramatically underserved. A recent analysis by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that less than 7% of substance abuse treatment facilities offer LGBTQ-specific programming (Office of Applied Studies, 2010).

### Treatment outcomes and correlates of outcome among LGBTQ

Because LGBTQ individuals tend to be overrepresented in treatment-attending samples (Hardesty et al., 2012) and are at higher risk for a number of co-occurring mental health issues, there is currently an urgent need to understand the factors associated with successful alcohol/drug treatment for LGBTQ individuals. However, this is currently a challenge as virtually no studies to date have examined treatment outcomes among LGBTQ patients, how their outcomes compare to heterosexual patients, and which factors specifically predict outcomes among LGBTQ individuals. Paul et al. (1996) examined changes in substance use among a sample of 455 gay or bisexual men attending outpatient substance abuse treatment. Over the first 90 days of treatment, 50% of patients substantially reduced their substance use, and 37% reported using no alcohol or drugs during the first six months of being admitted to treatment. In another study, Hardesty et al. (2012) analyzed data collected as part of a national longitudinal panel study of publicly funded substance abuse treatment programs. At 12 months posttreatment, sexual minorities reported roughly the

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same number of substance use days during the previous month as heterosexuals ( $M = 8.49$  vs. 7.65 days).

In summary, the findings as a whole underscore the need to increase understanding of the challenges faced by LGBTQ individuals and how issues around their sexuality are related to substance use and mental health functioning. This knowledge will help with the development of treatment strategies uniquely tailored to the needs of these individuals.

### References

1. Beatty, R. L., Geckle, M. O., Huggins, J., Kapner, C., Lewis, K., & Sandstrom, D. J. (1999). Gay men, lesbians, and bisexuals. In B. S. McCrady & E. E. Epstein (Eds.), *Addictions: A comprehensive guidebook* (pp. 542–551). New York, NY: Oxford University Press.
2. Burgard, S. A., Cochran, S. D., & Mays, V. M. (2005). Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. *Drug & Alcohol Dependence*, 77, 61–70.
3. Cochran, S. D., Ackerman, D., Mays, V. M., & Ross, M. W. (2004). Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*, 99, 989–998.
4. Davies, D. (1996). Homophobia and heterosexism. In D. Davies & C. Neal (Eds.), *Pink therapy: A guide for counselors and therapists working with lesbian, gay and bisexual clients* (pp. 41–65). Buckingham, England: Open University Press.
5. Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Psychology of Addictive Behaviors*, 26, 265–278.
6. Grossman, A. H. (1997). Growing up with a "spoiled identity": Lesbian, gay and bisexual youth risk. *Journal of Gay and Lesbian Social Services*, 6, 45–60.
7. Halkitis, P. N., & Palamar, J. J. (2008). Multivariate modeling of club drug use initiation among gay and bisexual men. *Substance Use & Misuse*, 43, 871–879.
8. Hardesty, M., Cao, D., Shin, H. C., Andrews, C. M., & Marsh, J. (2012). Social and health service use and treatment outcomes for sexual minorities in a national sample of substance abuse treatment programs. *Journal of Gay and Lesbian Social Services*, 24, 97–118.
9. Marshal, M. P., Friedman, M. S., Stall, R., & Thompson, A. L. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*, 104, 974–981.
10. McCabe, S., Hughes, T., Bostwick, W., & Boyd, C. (2005). Assessment of difference in dimensions of sexual orientation: Implications for substance use research in a college-age population. *Journal of Studies on Alcohol*, 66, 620–629.
11. McCabe, S., Hughes, T., Bostwick, W., West, B., & Boyd, C. (2009). Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction*, 104, 1333–1345.
12. McCabe, S., Hughes, T., & Boyd, C. J. (2004). Substance use and misuse: Are bisexual women at greater risk? *Journal of Psychoactive Drugs*, 36, 217–225.
13. Office of Applied Studies, Substance Abuse and Mental Health Services Administration (June 2010). Substance abuse treatment programs for gays and lesbians. *OAS Data Spotlight*.
14. Paul, J. P., Barrett, D. C., Crosby, G. M., & Stall, R. D. (1996). Longitudinal changes in alcohol and drug use among men seen at a gay-specific substance abuse treatment agency. *Journal of Studies on Alcohol*, 57, 475–485.
15. Weber, G. N. (2008). Using to numb the pain: Substance use and abuse among lesbian, gay, and bisexual individuals. *Journal of Mental Health Counseling*, 30, 31–48.
16. Wilsnack, S. C., Hughes, T. L., Johnson, T. P., Bostwick, W. B., Szalacha, L. A., Benson, P., . . . Kinnison, K. E. (2008). Drinking and drinking-related problems among heterosexual and sexual minority women. *Journal of Studies on Alcohol and Drugs*, 69, 129–139.

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